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**HOURLY NURSING\***

BY ELENA WEAVER

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MY first year's work ended last June, and I feel that it has been a successful one because of the steady growth of the new work in our city, there being about one-third increase during the last half of the year. Financially it was not so successful, but one should not expect a new work of this kind to be so at the beginning. I think one might make a complete failure in the work by having set rules about the charges. We must conform to the people we are caring for. I lump the bills often, making, for instance, a charge of five dollars for twelve visits, if I feel that is all the patient can afford. Physicians do this way and it seems to me the only way for an hourly nurse. I have received calls from all classes of people, the great majority being from those of moderate means. These people seem to be glad to know there is some one to call upon them, and during the last half of the year, about half of my calls came directly from the homes rather than from the physicians, from whom nearly all my calls came during the first six months.

It is important in this work to be centrally located, to be where your calls can receive the proper attention, and to know every physician personally. I have never put a professional card in the daily paper but I am sure it would have helped me at first. However, my professional feeling toward advertising would not allow it.

I always try to be ready when called, and think this one of the secrets of success in the work. You may have to wait for the physician, but never let him wait for you.

In starting the work, get the support of as many physicians as possible and especially of the general practitioner, for they treat the people that need you. I am in a city of about sixty thousand, where there are about fifty thriving practitioners, and my report of last year's work is as follows: I have visited one hundred and twenty patients, and made one thousand, three hundred, and seventy-six calls under twenty-nine different physicians. Of these patients, eighty-five were married women; twenty, unmarried women; six, married men; two, unmarried men; and seven, children. The diseases treated may be classified as follows: 25 neurotic, 14 rheumatic, 5 cerebro-spinal meningitis, 5 abdominal dressings, 3 miscarriages, 3 bowel complications, 2

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\* A second paper on this subject will be given in our next number.—ED.

cancer, 2 retention of urine, 1 skin grafting, 1 rectal abscess, 1 asthma, 18 obstetric, 6 Bright's disease, 5 arthritis deformans, 4 operations, 3 diabetes, 2 jaundice, 2 pneumonia, 1 epilepsy, 1 thrombosis, 1 muscular atrophy, 1 bed sore, and about fourteen minor cases.

I can hardly tell what is done while visiting these people, as it is all according to the need, but I do feel that the experience has been very helpful and I hope to make a still better report another year.

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## THE DISPOSAL OF SPUTA

BY EDITH P. JONES

Late Nurse-in-Charge, Muskoka Cottage Sanatorium, Gravenhurst, Canada

THE handling of secretions from the respiratory organs must, necessarily be not only disagreeable, but dangerous, unless the most rigorous care be exercised. Wherever there is abnormal secretion, there is cause for thoroughness in its destruction.

The first important point to note is that sputum must never stand uncovered; the next, that it must never stand until even partly dried. Given, that these precautions are closely observed, the care of the sputum is simplified. For the use of persons who expectorate, though following the ordinary occupations of life, the safest receptacle for sputum is the nickel or glass pocket-flask. Patterns such as the Dettweiler or Knopf may be unobtrusively used by arranging a handkerchief and an elastic band as follows: Place the bottom of the flask in the centre of the handkerchief, gathering the folds around the neck of the flask, and securing with the band. A little practise will make it possible to *appear* to wipe the lips, while in reality expectorating into the flask. To clean, empty contents of flask down sewer, or mix with sawdust, and burn, rinse flask and wash outside with carbolic acid 1-20. Boil the handkerchief. Occasionally boil the flask in solution of soda carbonate first removing the rubber washers, which should be soaked in carbolic acid 1-20. Paper pocket-flasks are clean, convenient, and easily burned, but their greater ultimate cost is against their use.

The open cuspidor in the halls of public buildings, while a most useful article, is often a menace to people who frequent such places. Cuspidors having a spring cover should be provided, on a stand high enough for the average man to stoop over comfortably. This would lessen the danger of the expectorated matter alighting outside the cuspidor, and would also prevent flies and other insects from having